Beneficiary Name:  Additional Comments:  Name of Professional Completing Summary:		MATERNAL SUMMARY Complete and Finalize		Exit application			
Name of Professional Completing		Beneficiary Name:		Medi	caid Id:	Date of Birth:	
		Additional Comments:					
Professional Credentials:	Professional Credentials:	<b>Y</b>					
I agree that, to the best of my knowledge, the information submitted for this Discharge Summary is correct.	I agree that, to the best of my known in the last	owledge, the information submitted for this Discha	arge Summary is correct.				
Complete Summary Clear Cancel Screen List			Complete Summary	Clear Cancel	Screen List		